City of Carson Health Screening Questionnaire

To ensure the safety of all clients and employees, all clients, and visitors accompanying clients, are required to fill out a list of questions based on the CDC guidelines and recommendations when they arrive for an appointment.

- Clients over age 60 are advised to postpone their visit until restrictions are lifted.
- If you are deemed high risk for COVID-19, please contact us to reschedule your appointment.

Client's/visitor's current temperature: _				
Are you currently experiencing or had e days?	xperienced any of the fol	lowing symptoms	within the	e last 14
Chills	☐ Yes	□ No		
Fatigue	□ Yes	□ No		
Dry cough	☐ Yes	□ No		
Sore throat	☐ Yes	□ No		
Fever above 100.4	☐ Yes	□ No		
Difficulty breathing	☐ Yes	□ No		
Have you or anyone you are in close cor		es with a		
confirmed positive COVID-19 individual within the previous 14 days?			☐ Yes	□ No
Been ordered to quarantine by healthcare professional or public health				Control
authority within the previous 14 days?			☐ Yes	□ No
Experienced indirect or potential exposure risks but are not experiencing symptoms and none of the other risk factors above apply?			□ Yes	□ No
Lived with or provided personal care for a person with a confirmed positive COVID-19 individual within the previous 14 days?			□ Yes	□ No
Been in contact with a confirmed positive COVID-19 individual including being coughed or sneezed on?			□ Yes	□ No
If you answered "Yes" to any of the above your visit until restrictions are lifted. If you answered "No" to all of the above Please write down your purpose of mee	, please continue.	hedule your appo	intment o	r postpone
By signing below, I certify that all of the above statements are true and no omission or false answer was made in order to gain access to the services at the City of Carson.				
Printed Name	Signature	Date		Time

Disclaimer: By obtaining services at the City of Carson, you (customer/visitor) voluntarily assume all risks related to exposure to COVID-19 AND if by omitting or falsifying answers in the Health Screening Questionnaire before services.

Email Address

Phone Number